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MAR 17 2005

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23418 7590 12/14/2004

**VEDDER PRICE KAUFMAN & KAMMHOLZ
222 N. LASALLE STREET
CHICAGO, IL 60601**

03/18/2005 RMEBRAH1 00000052 500441 09352959

01 FC:1501 1400.00 DA
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<i>Christine A. Wright</i>	(Depositor's name)
<i>Christine A. Wright</i>	(Signature)
<i>3-14-05</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09352959	07/14/1999	PAUL W. CAMPBELL	0100.9900940	2833

TITLE OF INVENTION: METHOD AND APPARATUS FOR VIRTUAL ADDRESS TRANSLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$0	\$1400	03/14/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
VITAL, PIERRE M	2188	711-206000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <i>Vedder, Price, Kaufman & Kammholz, P.C.</i> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ATI International SRL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Christchurch, Barbados

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0441 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Christopher J. Reckamp

Date 3-14-05

Typed or printed name Christopher J. Reckamp

Registration No. 34,414

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